

Adeline Borman Adams

Town

County

Died at

MARYLAND

Fishing Creek

Dorchester Co.

Date 1903 Feb. 21st

Age 52-8-1

Native of

Md.

Occupation

Housewife

Female

White

Married

Number of children living 5

Husband

of

George W. Adams

Wife

Father's

Mother's

Name

James Borman

Maiden Name

Cause of

Primary

Fibroid Phtisis

27

How long sick

8 years

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

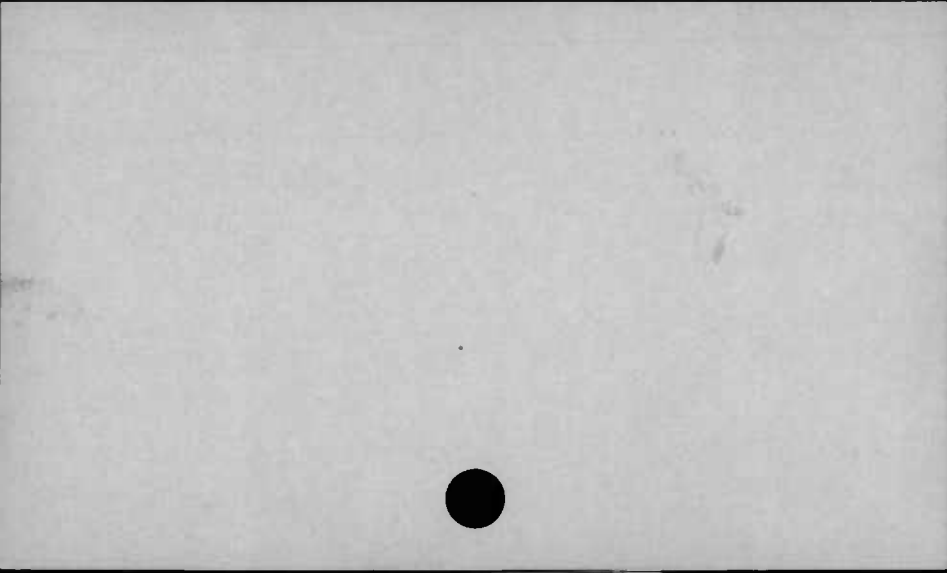
W. H. Houston M.D.

Address

Fishing Creek

Dorchester Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Oliver Preston Bowland
 Town County

Died at Church Creek 12 Winchester MARYLAND

Date 19 03- Feb 27 Age 4 - Y. M. D. Native of Md. Occupation Druggist
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living

Husband of Wm L. Bowland
 Wife

Father's Name Wm L. Bowland Mother's Maiden Name Leah E. Kistner

Cause of Death { Primary Pneumonia 93 How long sick 3 days
 Immediate Accident, Suicide, Homicide

Reported by O. J. Maguire, M.D.

Address Church Creek 12 Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lenn Lake Brownell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

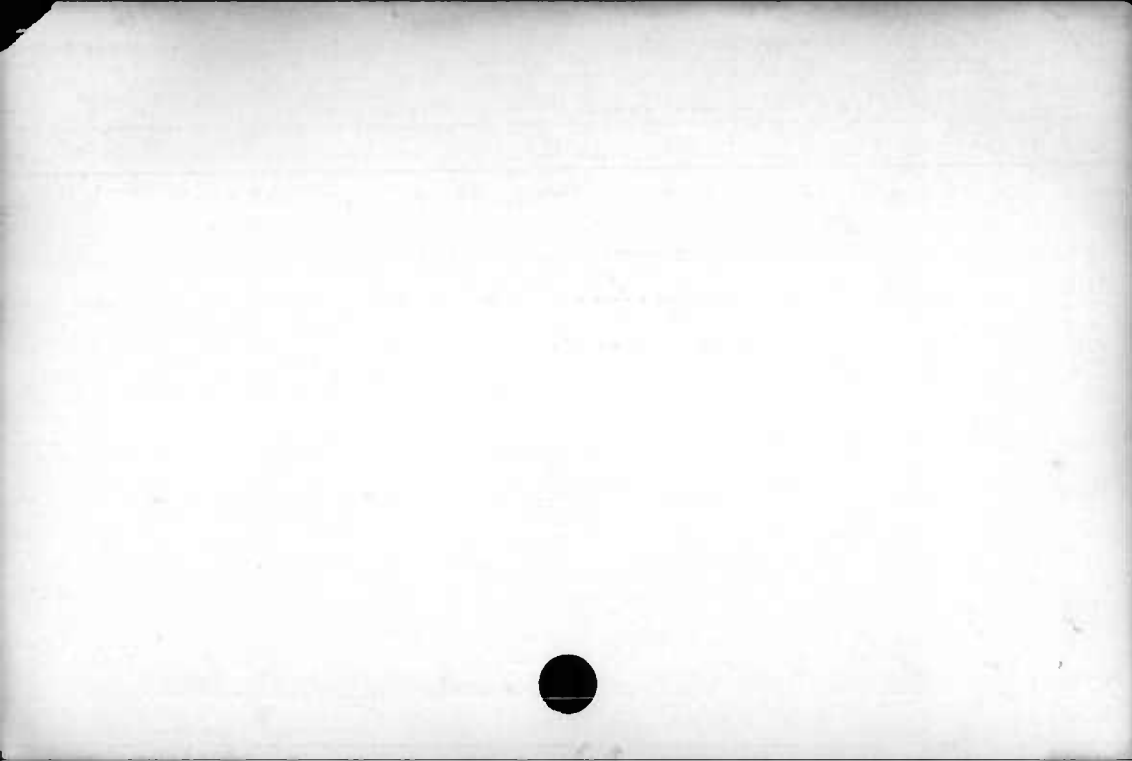
Died at <u>Mapleison</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>Feb.</u> ^{Month}	<u>13th</u> ^{Day}	Age <u>69</u> ^{Years}	<u>0</u> ^{Months}	<u>26</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Dorchester Co. Md</u>		
Married, Single or Widowed <u>Widower</u>			Occupation <u>Carpenter</u>		
Name of Wife or Husband <u>Dollie J. McGuire</u>					
Father's Name <u>James Brownell</u>			Father's Birthplace <u>Dor. Co. Md</u>		
Mother's Maiden Name <u>Mary Ann Elliott</u>			Mother's Birthplace <u>Dor. Co. Md.</u>		
Name of person giving information <u>James Brownell</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary <u>Rhinitis isipidus</u>	How long <u>4 months</u>
Immediate <u>Suppression - Uræmia</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Probably</u>	Signature of Physician <u>R. H. Livingston M.D.</u>
	Address <u>Chesapeake Creek, Md.</u>
Accident or Suicide?	



Name in Full

Certificate of Death

Robert - O. Bryan
 Died at ^{Town} Church Creek ^{County} Dorchester MARYLAND
 Date 19 03 - 2 - 8 Age 4 - ^{Y.} ^{M.} ^{D.} Maryland
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of

~~Wife~~

Father's Name W. L. Bryan Mother's Maiden Name Lizzie Chester

Cause of Death { Primary

Death { Immediate

How long sick 93

Accident, Suicide, Homicide

Reported by O. F. Maguire M.D.

Address Church Creek Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Moses B. Bullock Selener Co Pendy. in
 Town County
 Died at Fishing Creek Dorchester Co. MARYLAND
 Date 1903 Feb 20th Age 66.4 in 288y Pa Occupation Minister
 Male White Married ~~Single~~ ~~Widower~~ ~~Never married~~

Husband
 Wife Harriet M. Walter
 Father's Name Thomas H. Bullock Mother's Name Lizabeth Thomas
 Cause of Death { Primary Chronic interstitial nephritis 29 Hours
 Immediate Uremic Coma Collapse ~~Acute~~ ~~Stroke~~ ~~Heart~~

Reported by W. A. Houston M.D. 120
 Address Fishing Creek Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDMargaret A. Byrn
Died near Cambridge ^{Town} Dorchester ^{County}

MARYLAND

Date of death 1903 ^{Month} July ^{Day} 6 ^{Years} Age 73 ^{Months} 4 ^{Days} 13Sex Female ^{Color or Race} White ^{Birth-place} Cambridge Md^{Married, Single or Widowed} Widow ^{Occupation} Gentle woman^{Name of Wife or Husband} Sam'l L Byrn Sr.^{Father's Name} Jeremiah C. Wright^{Father's Birthplace} Sussex Co Delaware^{Mother's Maiden Name} Sarah Ann Yates^{Mother's Birthplace} Dorchester Co Maryland^{Name of person giving information} Edward M Byrn^{How related to deceased} Son

CAUSES OF DEATH

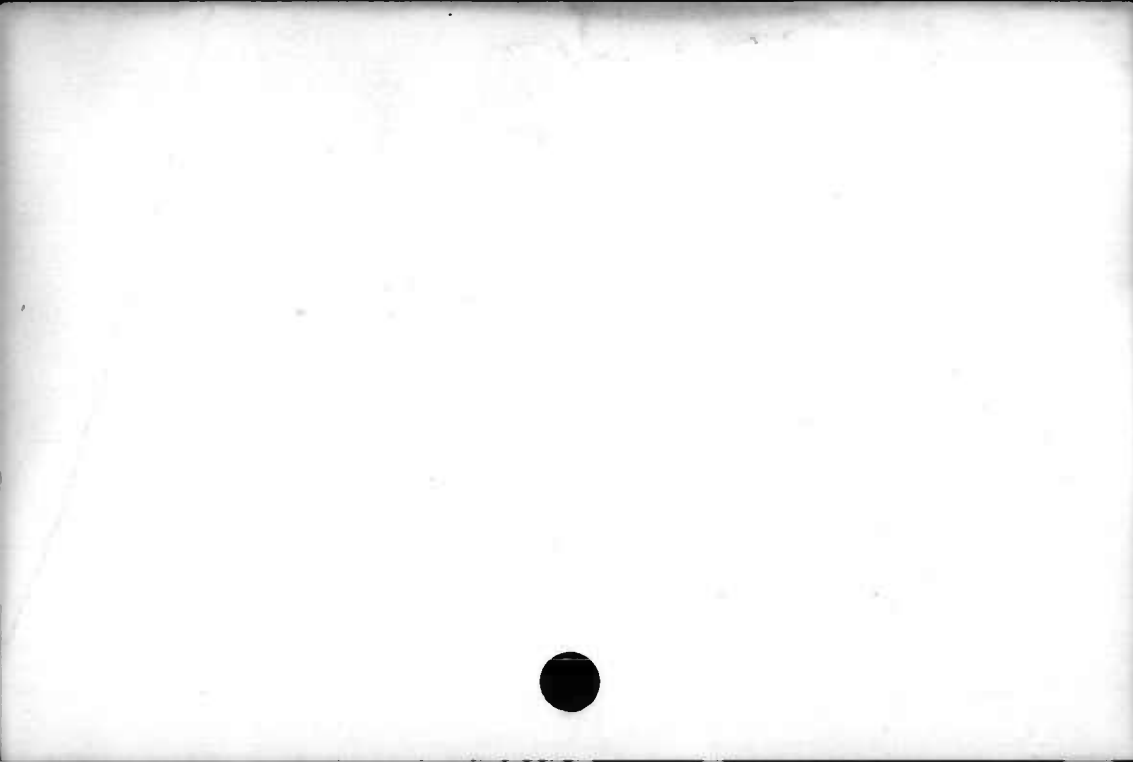
PHYSICIAN
OR CORONER^{Primary} Acute Bright Disease^{How long} 3 days^{Immediate} Malumia^{How long} 1 day

Are the name, age, sex, color, date and place correctly given above?

yhs

^{Signature of Physician}^{Address}Guy Stille
Cambridge Md

Accident or Suicide?



Name in Full

Certificate of Death

Alfred S Camper

Town

County

Died at

Millon

Worcester

MARYLAND

Date 19

03-

Month

Day

Feb. - 10

Y.

M.

D.

Age

- 10-16

Native of

Maryland

Occupation

Male

~~White~~

Married

~~Widow~~

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

93 10 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mal Name

Town

County

Camp
Dorchester

MARYLAND

Died at

Date 19

03
Male

Month

Feb

Day

3

Age

Married

Y

M.

6

D.

-

Native of

memor dorchester

Occupation

Female

White

Colored

Single

Widow

Widower

Divorced

Number of children living

Husband of

Wife

Father's

Name

don't know

Mother's

Maiden Name

dorsey camper

Cause of

Primary

smoked

How long sick

one week

Death

Immediate

Accident, Suicide, Homicide

Reported by

John Baltimore

Address

berna m d

Geo W Mcbride

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

undertaker



Name
in
Full

Collison


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Brocken</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>July</u>	Day <u>4</u>	Age <u>—</u> Years	Months <u>—</u>	Days <u>12</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Cambridge md</u>		
Married, Single or Widowed <u>single</u>			Occupation <u>—</u>		
Name of Wife or Husband					
Father's Name <u>Harley Stock</u>			Father's Birthplace <u>Bw. Co. md</u>		
Mother's Maiden Name <u>Sallie Collison</u>			Mother's Birthplace <u>Bw. Co. md</u>		
Name of person giving information <u>Sallie Collison</u>			How related to deceased <u>mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Fracture</u>	How long <u>14 days</u>
Immediate <u>Fracture</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Samuel White</u>
	Address <u>Cambridge md</u>
	Accident or Suicide?



Mrs Allie Cornish

Died at ^{Town} Buctown ^{County} Dorchester MARYLAND

Date 1903 ^{Month} Feb ^{Day} 16th ^{Y.} 20 ^{M.} 5 ^{D.} 5 ^{Native of} Dorchester ^{Occupation}

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female Colored Single Widower Number of children living one

~~Husband~~ of Stephen Cornish

~~Wife~~

Father's Name John W. Stanley ^{Mother's} Malvinda Stanley

^{Maiden Name}

Cause of ^{Primary} Consumption ^{How long sick} 1 year

^{Death} ^{Immediate} Consumption ^{Accident, Suicide, Homicide}

Reported by LeCompt & HarperAddress Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

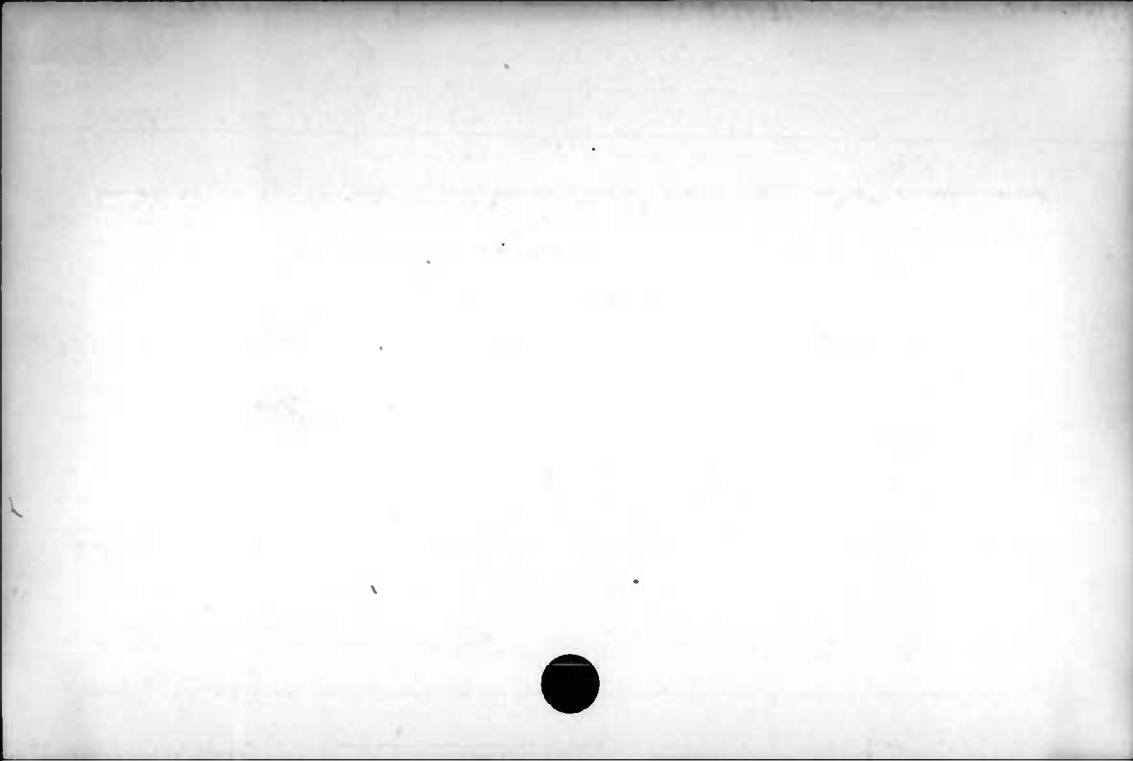
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Church Creek, Anne Arundel Co.</i>		Town <i>Church Creek</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Date of death <i>1903</i>	Month <i>Feb.</i>	Day <i>3rd</i>	Age <i>0</i>	Years <i>0</i>	Months <i>0</i>	Days <i>3</i>	
Sex <i>Male</i>	Color or Race <i>Col.</i>		Birth-place <i>Dr. Co. Md.</i>				
Married, Single or Widowed <i>Infant</i>	Occupation <i>Infant</i>						
Name of Wife or Husband <i>Infant</i>							
Father's Name <i>Illegitimate</i>				Father's Birthplace <i>— — —</i>			
Mother's Maiden Name <i>Ida May Cornish</i>				Mother's Birthplace <i>Dr. Co. Md.</i>			
Name of person giving information <i>Ida May Cornish</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Don't know</i>	How long <i>Don't know</i>
Immediate <i>" "</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Probably</i>	Signature of Physician <i>Howard Richardson, M.D.</i>
	Address <i>Church Creek, Md.</i>
Accident or Suicide?	



Died at Seaton Town Dorchester County MARYLAND

Date 1903 Month 2 Day 26 Age 6 M. B. Native of Engl. Occupation 0

Male White Married Widow Divorced 0

~~Female~~ ~~Colored~~ Single Widower Number of children living

~~Husband~~ of Son of John Baulbourne

Wife John Baulbourne Mother's Elizabeth Collins

Father's Name John Baulbourne Maiden Name

Cause of Death { Primary Immediate Brucella Pneumonia How long sick 5 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Certificate of Death

Died at ^{Town} *Woolford*

County Dorchester

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	Feb.	19	62	0		Dr. C. M.	Housewife
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widow			Number of children living	3

~~Hubert~~ of Charles Copepper
Wife
Father's John L. Skinner Mother's Elizabeth Skinner
Name Name

Cause of	Primary	Chronic Brights disease	How long sick	7 days
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Death	Immediate	<i>Apoplexy</i>	<i>120</i>	Accident, Suicide, Homicide
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Reported by B. L. Smith M.D.

Address Madison, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full

Certificate of Death

Name in Full *Thos. Elsie*
 Town *Cumby* County *Dorchester* MARYLAND

Died at
 Date 18*903* Month *Feb.* Day *25* Age *35* Y. M. D. Native of *Wt* Occupation *Labors*
 Male White Married ~~Widow~~ Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *4*

Husband of *Amos Elsie*
 Wife
 Father's Name
 Mother's Name

Cause of Death { Primary *Pneumonia 93*
 Immediate *Exhaustion*
 How long sick *7 days*
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



George Fountain

Town

County

Died at

MARYLAND

Date 1903

Month Day

Y. M. D.

Native of

Occupation

Feb. 28,

Age 20 5 10

Md.

Labour

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

George Fountain Jennie Maddox

Cause of

Primary

Pulmonary Tuberculosis

How long sick

two years

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Wilbur A. Drake M.D.

Address

Cambridge

Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Men - lower
and

Name
in
Full

Oliver Beatrice Greenwood

CERTIFICATE OF DEATH

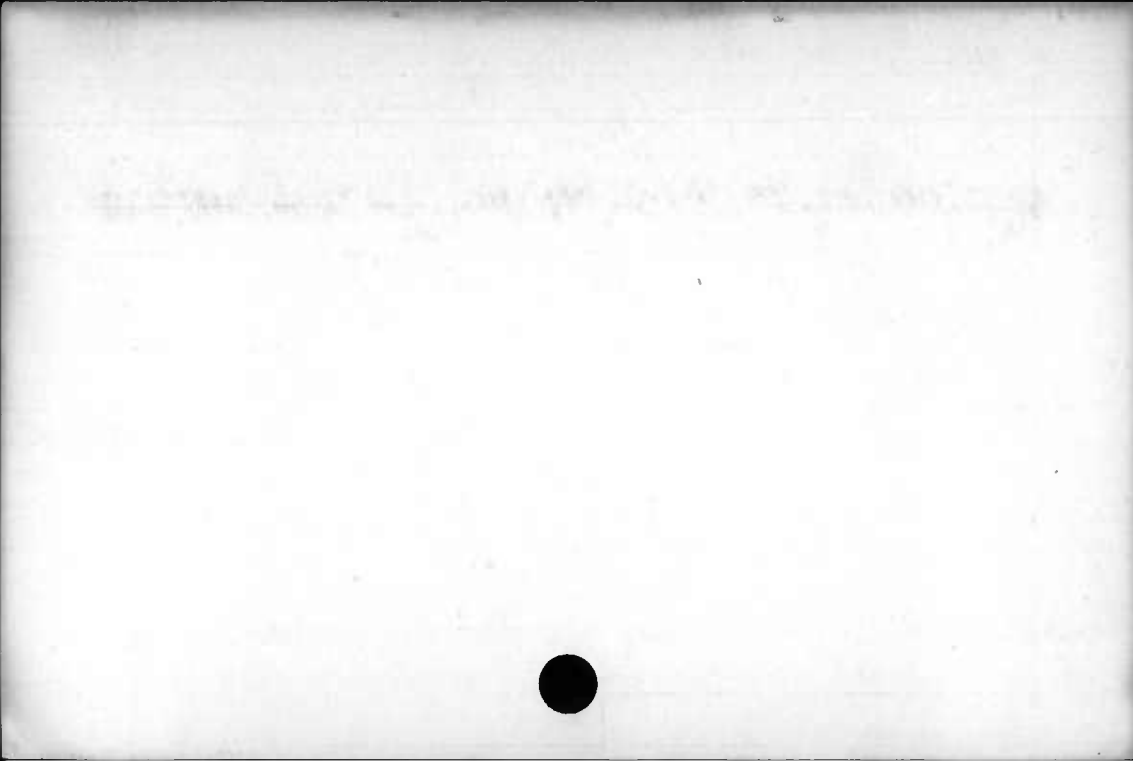
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Church Creek</i> ^{Town}		<i>Horchester</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Feb.</i>	Day <i>12th</i>	Years <i>0</i>	Months <i>8</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Cambridge, Md.</i>		
Married, Single or Widowed <i>Infant</i>			Occupation <i>Infant</i>		
Name of Wife or Husband <i>Infant</i>					
Father's Name <i>W. Greenwood</i>			Father's Birthplace <i>Dor Co. Md.</i>		
Mother's Maiden Name <i>Malie White Plater</i>			Mother's Birthplace <i>Dor Co. Md.</i>		
Name of person giving information <i>Alexander Plater</i>			How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia 93</i>	How long	<i>Two days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Probably</i>		Signature of Physician <i>Howard Richardson, M.D.</i>	
		Address <i>Church Creek, Md.</i>	
Accident or Suicide?			



Name
in
Full

Anne E. Jackson

CERTIFICATE OF DEATH

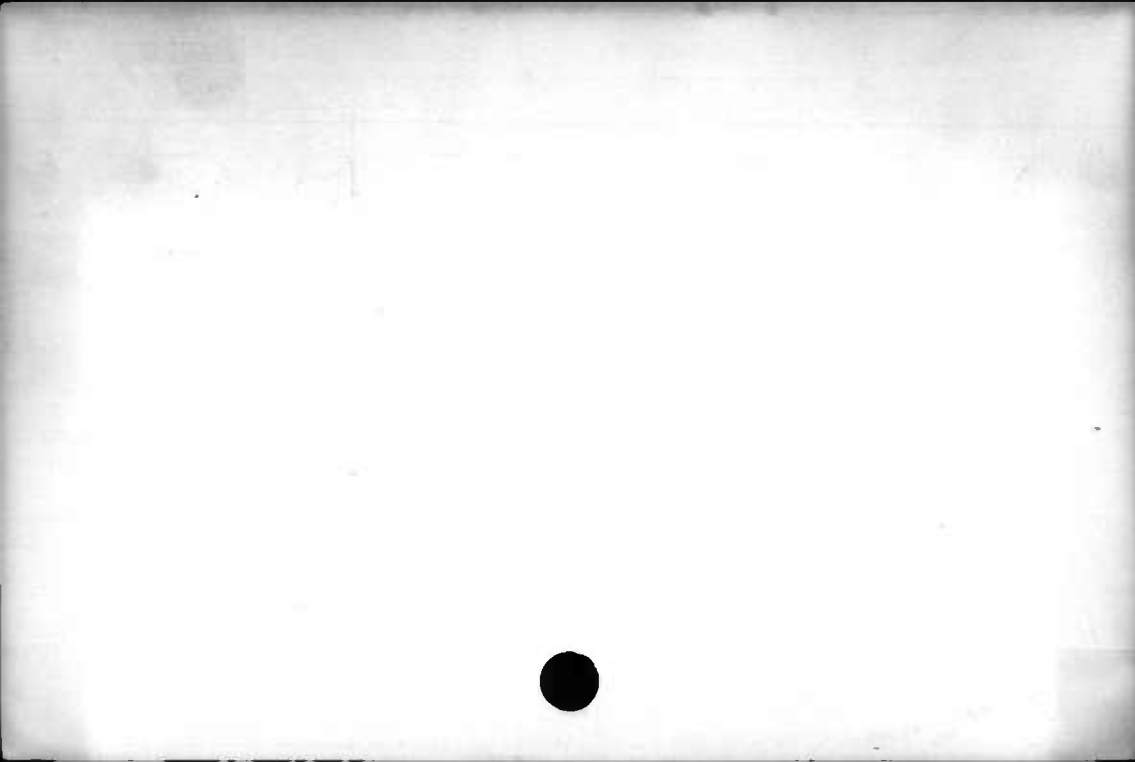
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtidge</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death 1903	Month <u>July</u>	Day <u>20</u>	Age <u>27</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birthplace <u>Dorchester Co Md</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>Housewife</u>		
Name of Wife or Husband <u>Isaac B Jackson</u>					
Father's Name <u>Levin R. Cortner</u>				Father's Birthplace <u>Dor Co Md</u>	
Mother's Maiden Name <u>Mary Marshall</u>				Mother's Birthplace <u>Dor Co Md</u>	
Name of person giving information <u>Mrs Margaret R Jackson</u>				How related to deceased <u>Mother in law</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Valvular Heart disease</u>	How long <u>Two years</u>
Immediate <u>Heart failure</u> <u>79</u>	How long <u>a few minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>B W Golasborough</u>
	Address <u>Cumtidge Md</u>
Accident or Suicide?	



Died at *Aireys* Town *Jackson* County *Ind.* MARYLAND

Date 19*03* Month *2* Day *7* Y. M. D. *1* Native of Occupation
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband
of
Wife

Father's Name *Douglas Jackson* Mother's Maiden Name *Sarah Dickins*

Cause of Death { Primary Immediate } How long sick Accident, Suicide, Homicide

Reported by *Douglas Jackson* Address *Aireys Ind.* *151* *Wm. Fox Sub. Agt.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elma Madona Jenkins

Town

County

Died at

MARYLAND

Date 19 03

Month

Day

Y.

M.

D.

Native of

Occupation

2 6

Age

4

md.

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Charles Jenkins

Maggie Jones

Cause of

Primary

Rochitis

How long sick

One month

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

G. Rogers Myers M.D.

Address

Huslock Rd.

Must be signed by physician, if any in attendance. otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999



Name in Full

Certificate of Death

Died at Geo John Town Cumby County Dorchester MARYLAND
 Date 903 Month Feb Day 21 Y. 21 M. 21 D. 21 Native of md Occupation Lab
 Male White ~~Female~~ Married ~~Single~~ Widow ~~Widower~~ Divorced
 Number of children living 0

Husband of Wife
 Father's Name Henry John Mother's Name Sarah John
 Cause of Death { Primary Consumption Immediate Consumption }
 How long sick 6 or 7 months
 Accident, Suicide, Homicide

Reported by John M
 Address Cumby, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

William Henry Johnson

near ^{Town} Cabin Creek ^{County} Dorchester MARYLAND

Died ^{near} ^{Month} 2 ^{Day} 9th ^{Y.} 1903 ^{Age} 5 ^{Native of} Ind ^{Occupation}

Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband
of
Wife

Father's Name Samuel J. Johnson Mother's Maiden Name Susan Phillips

Cause of Death { Primary Pneumonia
Immediate Exhaustion

How long sick Two weeks

Accident, Suicide, Homicide

Reported by C. A. Haefner 93

Address Hurlock

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Emma G. Lainhart

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

2

3

Age

44

5

14

Pa.

Steamer

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~Number of children livingHusband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Rheumatism; Aortic Regurg.

How long sick

16 months

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

E. E. Wolff M.D.

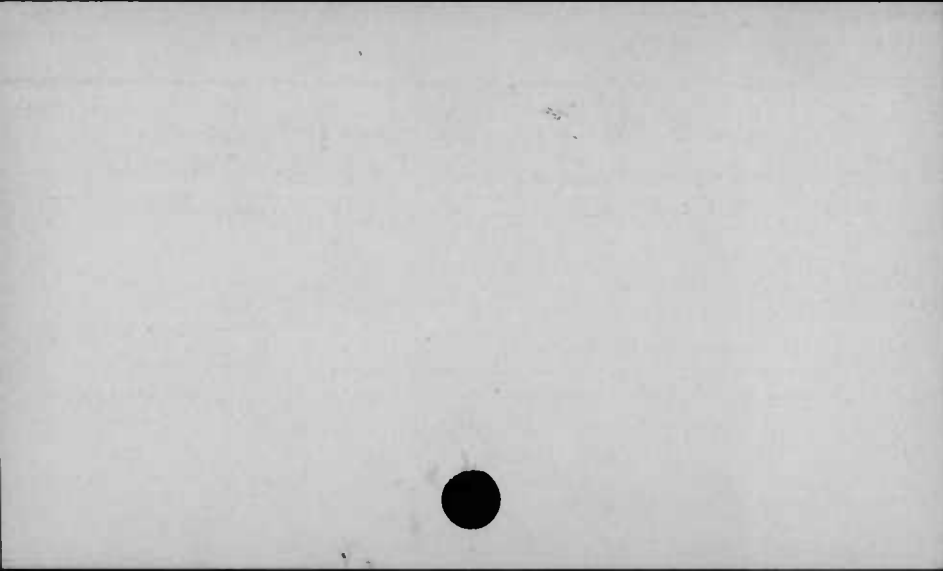
Address

Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Samuel Rose Mc Bride

CERTIFICATE OF DEATH

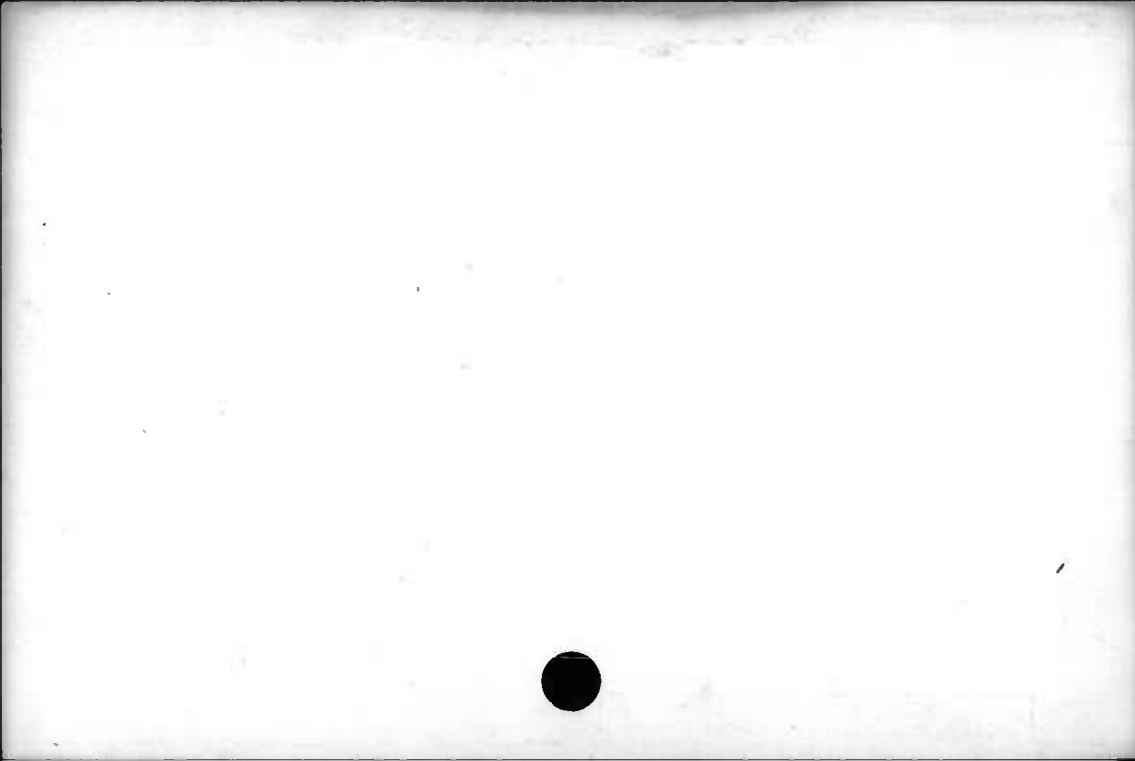
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arroyo</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death 190 <i>8</i>	Month <i>July</i>	Day <i>3</i>	Age <i>3</i> Years	Months <i>5</i>	Days <i>26</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wor Co.</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>none</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Thos. E. McBride</i>			Father's Birthplace <i>Wor Co.</i>		
Mother's Maiden Name <i>J. E. Birrwood.</i>			Mother's Birthplace <i>Wor Co.</i>		
Name of person giving information <i>Thos. E. McBride</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Brain fever</i>	How long <i>3 days</i>
Immediate <i>Ephautum</i> <i>61</i>	How long <i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. J. Little</i>
	Address <i>[Redacted]</i>
Accident or Suicide?	



Name
in
Full

Elizabeth Marine

CERTIFICATE OF DEATH

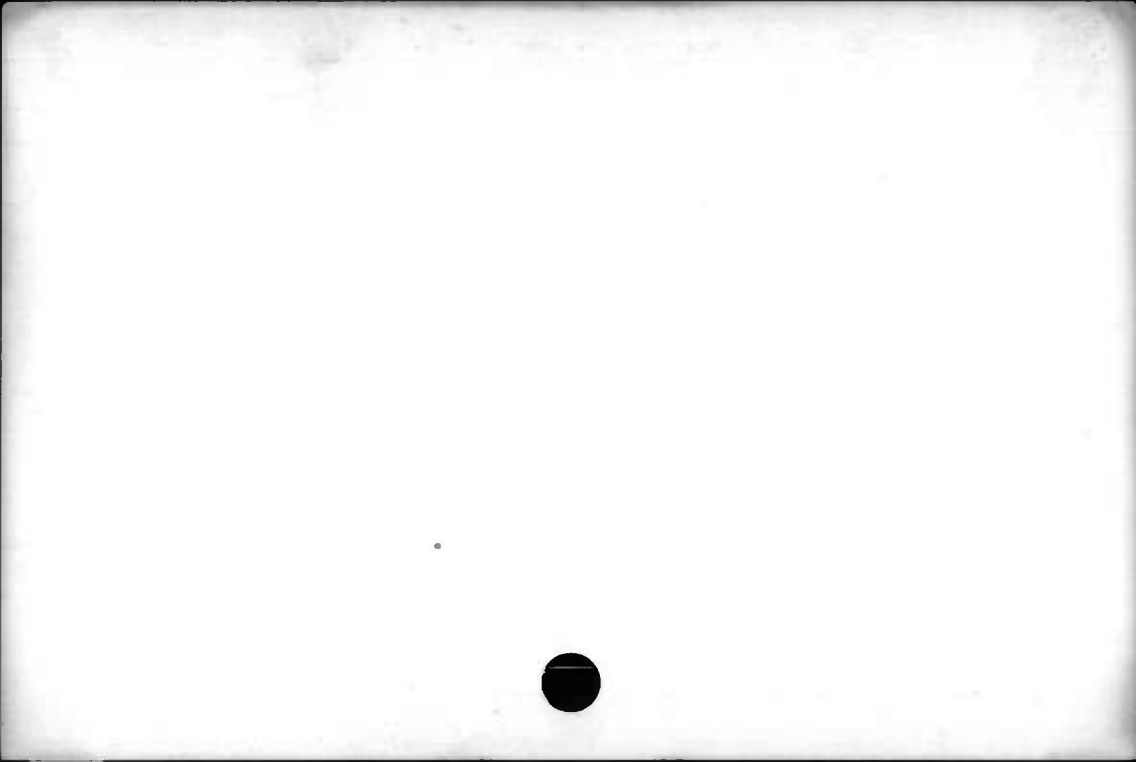
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Galestown</i> ^{Town}		<i>Dor</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Feb</i> ^{Month}	<i>27</i> ^{Day}	Age <i>35</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Galestown</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Lady</i>		
Name of Wife or Husband					
Father's Name <i>James H Marine</i>			Father's Birthplace <i>Dor Co</i>		
Mother's Maiden Name <i>Julia A Vaughn</i>			Mother's Birthplace <i>Dor Co</i>		
Name of person giving information <i>Nancy Short</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>2 weeks</i>
Immediate <i>Internal hemorrhage</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E R Osler</i>
<i>Yes</i>	Address <i>Galestown</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Naomia Medford

Town

County

Died at

Hurlock

Dor.

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

2

4

Age

- 6-10

Md.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pneumonia 93

How long sick

Four days

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

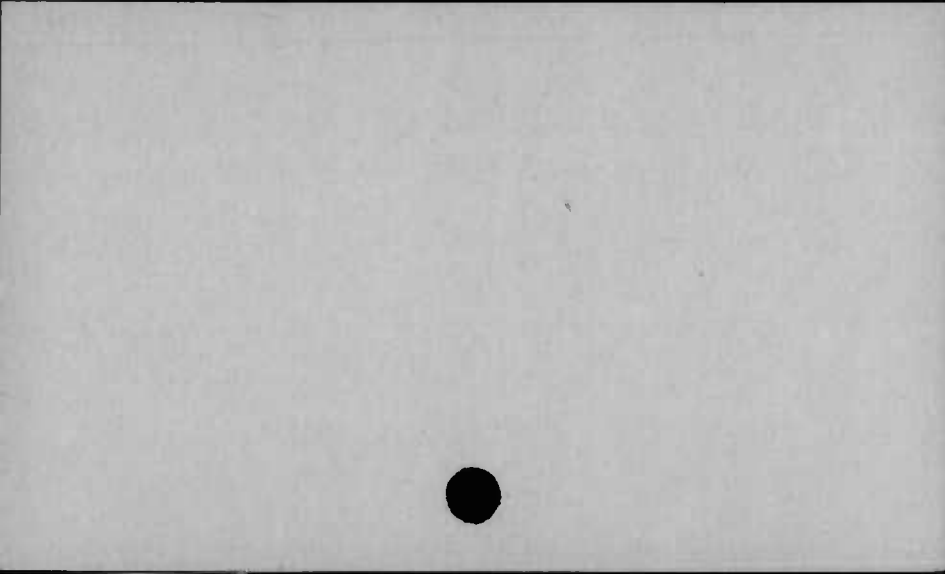
H. F. Mears M.D.

Address

Hurlock Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 88888



Henry W Mills

Died at *Winjets* ^{Town}*Loch* ^{County}

MARYLAND

Date 189 *1903* ^{Month} *Feb* ^{Day} *21* Age *43* ^{Y.} *1* ^{M.} *4* ^{D.} *Loch Co Md* ^{Native of} *Millman* ^{Occupation}

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living *4*

Husband

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Thomas Jefferson Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

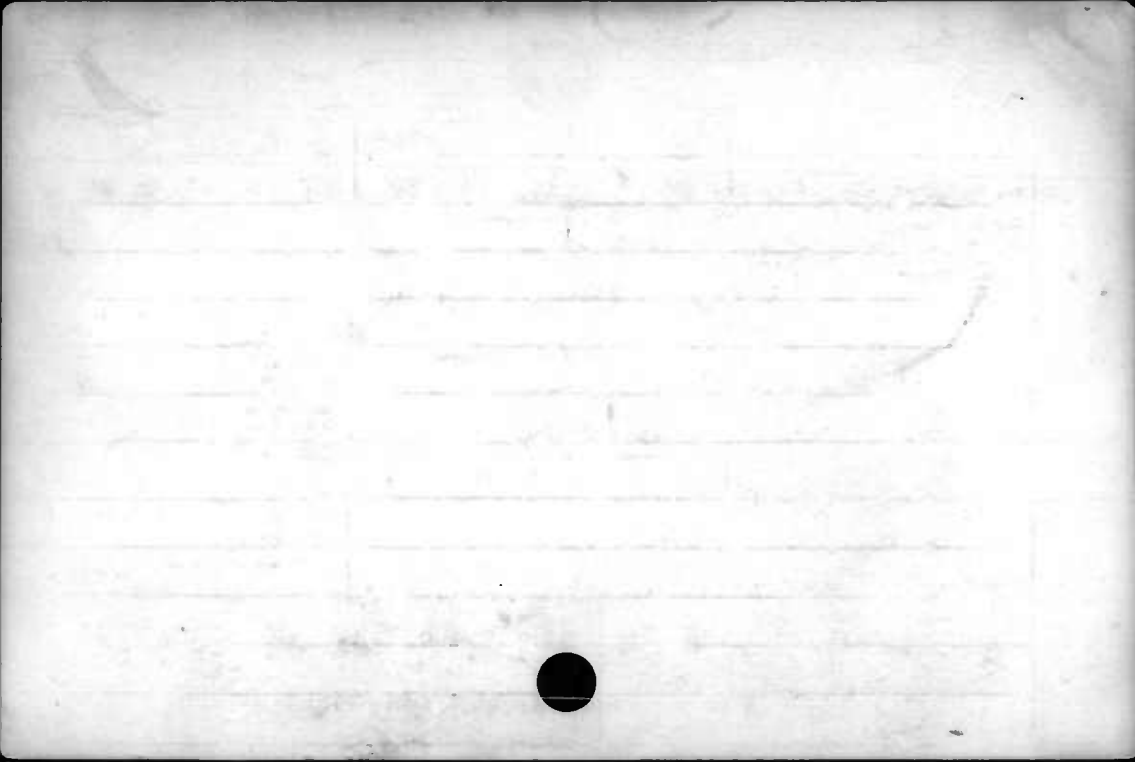
Died at		Town <u>Galestown</u>		County <u>Dorchester</u>		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 190	<u>3</u>	<u>Feb</u>	<u>2</u>	<u>63</u>			
Sex	<u>Male</u>		Color or Race	<u>White</u>		Birth-place	<u>Dor. Co</u>
Married, Single or Widowed			<u>Bachelor</u>		Occupation <u>Farmer</u>		
Name of Wife or Husband							
Father's Name <u>James P Russell</u>				179		Father's Birthplace <u>MD</u>	
Mother's Maiden Name <u>Beckie Lambford</u>						Mother's Birthplace <u>MD</u>	
Name of person giving information <u>D C R Osher</u>						How related to deceased	

CAUSES OF DEATH

Unknown to

PHYSICIAN
OR CORONER

Primary	<u>Coroner. Jury found dead in woods</u>	How long	
Immediate	<u>Thought by jury to be a visitation</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>E R Osher</u>
<u>of God</u>		Address	<u>Galestown MD</u>
Accident or Suicide?			



Name in Full

Certificate of Death

Marion Smith.

Town

County

Died at

Rhodesdale

Borchester.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date

189 1903. Feb. 16th

Age

00

4

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

farmer

Husband

of

Wife

Thomas James Smith.

Father's

Mother's

Name

Thomas J. Smith

Name

Maria C. Smith.

Cause of

Primary

Death

Immediate

151

How long sick

day and 1/2 night

Accident, Suicide, Homicide

Reported by

Eliza A. Aldridge

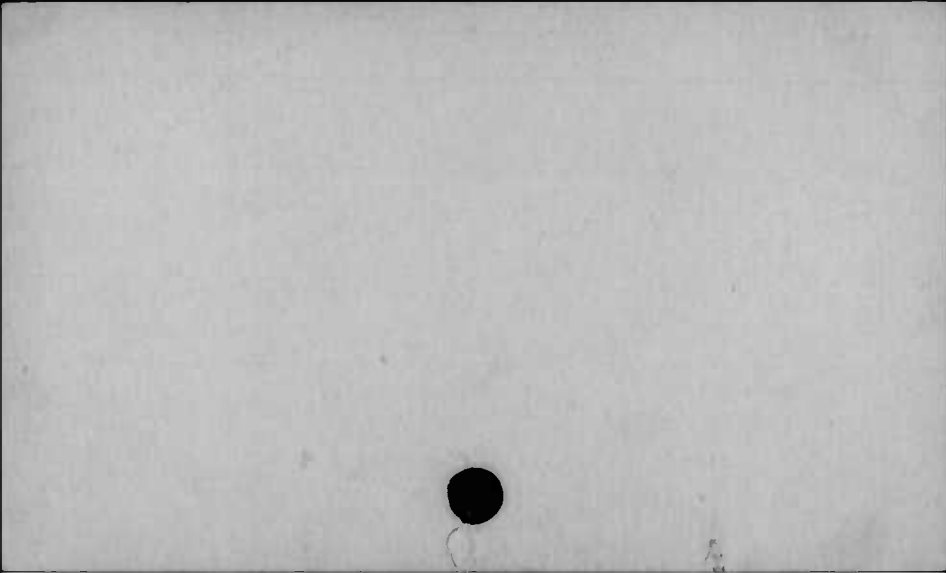
Address

4400 Lock

Dorago Md

Must be signed by physician, if any in attendance, otherwise by carrier, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Hooker, Odessa, Polley

md

MARYLAND

Died at biemad

Town

County dorchester

County

Date 19 03 Month July Day 19 Age 1 Y. 6 M. — D. — Native of memadch Occupation —

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living —

Husband of

Wife

Father's Name L. O. Polley Mother's Name N. L. Polley

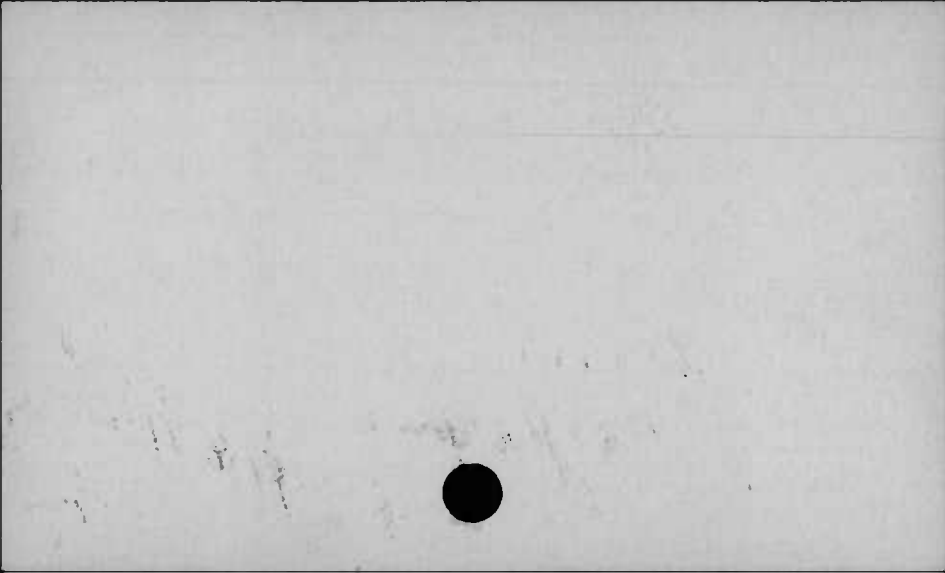
Cause of Death { Primary consumption How long sick 2 weeks
 Immediate 27 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Eliza Stanley

Town

County

Died at *near Shiping Hill**Dorchester*

MARYLAND

Date 19*03*Month *2* Day *20*Age *70*

Y. M. D.

Native of

Ind

Occupation

Form Hand

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband of

Mary Stanley (Thomas)

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Acute Regurgitation

How long sick

Death

Immediate

Heart Failure~~Accident, Suicide, Homicide~~

Reported by

E. E. Wolff M.D.

Address

Cambridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79802



Name
in
Full

Lie Traverser


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>July</u>	Day <u>23</u>	Age <u>32</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Wicomico Co Md</u>			
Married, Single or Widowed <u>Single -</u>		Occupation			
Name of Wife or Husband <u>-</u>					
Father's Name <u>---</u>		Father's Birthplace			
Mother's Maiden Name <u>166</u>		Mother's Birthplace			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cerebral apoplexy chest + abdomen</u>	How long <u>20 days</u>
Immediate <u>Congestion liver - peritonitis</u>	How long <u>20 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>B. M. Goldsborough</u>
	Address <u>Cambridge Md</u>
Accident or Suicide?	

